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BRICKS WITHOUT STRAW

"There is no straw given unto thy servants, and they say to us: Make brick: and behold thy servants are beaten, but the fault is in thine own people."

Exodus ch. V., verse 16.

To the Editor of this Journal, the task set to the ancient Israelites would have been but child's play. For him, Pharaoh's taskmasters would have held no terrors, for he is well versed in the art of making bricks without straw. Each month it is his miserable lot to compose a Journal and rarely, if ever, is there sufficient material for the purpose.

Recently, as I was searching through the rubble on the Journal desk, hoping with the aid of a magnifying glass to find this month's contributions, I decided that the time was meet and ripe for another harangue. I know this is a very old sermon, which has been preached many times in the past and will doubtless be preached even more times in the future. My apologies for raising the matter now, but the situation warrants it.

A year ago, one of my predecessors wrote an editorial "on the essential importance of becoming a contributor." At that time it appeared that the students were the chief offenders. Apparently most of his words fell upon stony ground for not only has the student contribution continued its decline in quantity as well as quality, but also contributions from other sources have shown an alarming drop, especially in recent months.

With such a paucity of material we cannot afford to select articles as we should like, resulting in an inevitable lowering of standards. More often than not it is difficult even to find sufficient material to fill the fifteen or so small pages allowed to us by the paper controllers.

There are times when the thought of filling next month's Journal becomes a nightmare, and the possibility of having to publish a Journal composed of advertisements, examination results and blank paper becomes almost a reality.

There is, of course, no scarcity of criticism—mostly verbal, for few of our readers ever think of writing to us. Please do not think we object to this criticism—on the contrary we find it helpful. Most of it is well-meant and all of it well-deserved. We are aware that this Journal has many faults, we like to be told about them and we shall do our best to correct them. But without the necessary material it is difficult to effect any improvement at all, let alone carry out the sweeping reforms suggested by the more voluble of our critics.

So far we have been stressing our side of the problem, but this does not mean to say that we are not alive to your difficulties. The majority of our readers would, I think, be willing to contribute, could they find a suitable subject upon which to write. This should not be an insuperable difficulty, considering that we have a fairly wide range of interests. Original articles, short or long, on medical or non-medical subjects; reports on interesting cases you have seen in or out of Bart.'s; poems; letters suitable for publication (we have had none in the last few months); and humorous items, which we may use as yeast to leaven the dough—will all be welcomed with open arms. Articles need not be typewritten—they need not

even be legible, although this is always desirable. Illustrations: sketches, drawings, cartoons are particularly wanted—they should, if possible, be drawn in indian ink. Above all we invite your suggestions: if you have any ideas please write or come and tell us about them. The Journal Office has recently been moved from the Medical College Office to the Library.

This year 1946 is an important one for the Hospital. For the first time in nearly seven years most of our students are—or soon will be—back in London; this month we celebrate the 150th birthday of the Abernethian Society—next month, the fourth centenary of the re-founding of the Hospital. Please help us to produce a Journal worthy of the occasion. After all, centenaries come only once—well TWICE every hundred years.

MEDICAL FILMS

By W. McADAM ECCLES

Remarks made on opening a Discussion on "Medical Films" at the Royal Society of Medicine, February 26th, 1946

Will you forgive a teacher, first of Anatomy and afterwards of Surgery, who has lived through the conception and the wonderful development of the use of the movie, whether sound or silent, in practical medical education?

Forgive me when I say that the war years have had a great deal of "chatter" on the subject but little co-ordinated action.

On the preclinical subjects of chemistry, physics and biology, I am not competent to speak, save to say that even in these three there is a great field for the film.

But when we come to anatomy and physiology and even pharmacology, the field becomes an expanse in which we are apt to be lost, more or less.

Take anatomy, a subject in which I delved for many pleasant years—Why does a medical student have to dissect, to read, to listen and to ponder upon the marvellous structure of the human body? The answer is very simple. It is because he has to deal with the *living* man, in all the vicissitudes of earthly life. To my mind to start the budding medical upon the dead corpse, without anything to relieve the real shock there may be in such an entrance, is not only unwise, it is also a waste of time. Let me give two simple instances. In my day, we started on dry bones, and they were very dry, and at the end of the first term we had—fancy, we had a set "College" Examination on them!

Remember the young man who had but little respect for dead osseous tissue and who being shown the eight carpal bones and being asked to place them in natural order, and describe their inter-relation, plaintively said, "Oh! Sir,

I thought my examination was tomorrow and I was going to look at these bones tonight." Now what is more fascinating to be shown the two rows of these bones in a moist specimen and to see their movements and the co-operation in their movements of a living wrist on a film! How often even in 1946 is this method of instruction given, or even possible. Why?

The other example I would give and on much the same lines is taken from the time when I was an Examiner in Anatomy for the Fellowship of the Royal College of Surgeons of England. There were no films in those days, but as a good substitute I introduced a living model into the examination room, and I would ask a candidate to show me pronation and supination in the lad, and then to describe succinctly the muscles, their attachments, their nerve and arterial supplies which produced those wonderful functional movements. How well these could be taught by seeing the intricate changes in position of the bones in a cinematograph film. This living model caused a heavy fall in the number who passed and I was blamed.

Let us turn to Surgery. Some would say that every medical practitioner should be prepared to perform any operation in the living in cases of emergency. Perhaps so, but who present to-day could say they had performed each one, or even seen each one performed by someone else. Take an example. Take a Caesarian Section. Not a very difficult proceeding but tricky if its details have not been seen. Further, it is not infrequently an emergency, and may save two lives.

I personally during the whole of my student days at my hospital never saw such a procedure. It just did not come my way. I think to-day of the thrill I got when the first talkie medical movie was a "Cæsarian," and the first cry of the baby came over to us all. I weary you, but let me come to the practical points, or some of them :—

1. We are nearly all agreed of the real value of films—silent, sound and colour, in the teaching of medicine.
2. No co-ordinated method has as yet been made fully to :—
 - (a) Provide a series of good medical films.
 - (b) To bring them together where they can be hired or loaned with the least possible trouble
 - (c) To keep abreast with all the advances in medicine which can be illustrated by films.

I know the snags, and here are some :—

- (a) There are not as yet many medicals with the enthusiasm and technical knowledge needed for production. There should soon be.
- (b) Such production must entail very heavy expense. I deny that this is necessarily so, and even were it so now, it would become greatly less.
- (c) There is not enough demand for medical films to make it worth while to produce them. This want of demand is based largely on ignorance of the consummate value there will be admitted before many years are over, and that throughout a peaceful world.

Let the medical profession in Great Britain be up and doing, so as to make this country a leader in this advance, so needed. It would be the joy of my professional life to see these wonders open to every medical school on earth. So be it.

THREE WARS ARE ENOUGH

By R. OGIER WARD, D.S.O., O.B.E., M.C.

An Extract from an Address delivered to the Abernethian Society

In Conan Doyle's book—Rodney Stone—the narrator, now an old retired sea captain, prefaces his reminiscences of the Corinthians of the Regency and their interest in prize fighting by wondering how to tell his children about the early years of the 18th century. He might dwell upon "the weary struggle of two and twenty years with that great and evil man, Napoleon. How freedom fled from the whole broad continent and how the nation's great men strove that it should not pass from England for ever to take refuge with our brothers across the Atlantic," but he prefers to give them a story of the ring.

Please do not suppose that I intend to adopt the parental style in my address to you this evening or that it is as an old soldier with his personal adventures that I would risk wearying you. Yet, when with the British Expeditionary Force in France at the beginning of this war I read Rodney Stone once again, that opening paragraph held me fixed. The war was young, indeed it had not begun, on the western front it was still a "phony" war. Was it possible that there lay ahead of us a weary struggle of

two and twenty years, a long conflict with a man not great as Napoleon was, but incomparably more evil? I confess that it seemed to me quite possible that such might prove to be the case. England was unready, perhaps even more so than she had been in 1914; certainly France was less prepared.

Personally, I never failed to believe that we should stop the Boche, hold him and then beat him, but I did not, of course, realise that we should be chased out of France. I could not see the great risk which soon proved so real, that Freedom might not merely pass from us for ever, but perhaps even fail to find a refuge with our brothers across the Atlantic. I was sure that America would be with us, but I did not know that we must hold out alone for so long. The two greatest military disasters in Britain's history lay ahead but below the horizon, Dunkirk and Singapore. I could see clearly that retreats might well be necessary until we could develop our strength, but how close to disaster those retreats would carry us was certainly not in my power to foresee.

It is a strange, and I think a somewhat

important fact when looking back over the first half of this century, that I, who have never been a regular soldier, should have spent ten years of my professional life on active service. Add to that another year as a civilian at the end of this war and that makes eleven years of war out of thirty-three years as a doctor. One third of that part of one's life given to war is a lot. In the days when I became a medical student such a prospect would have seemed to most people utterly improbable.

Yet we had our warnings

In "The Islanders" Kipling wrote in respect of Britain's unwillingness to accept universal training:—

But ye say "It will mar our comfort,"

Ye say, "it will 'minish our trade,'"

Do ye wait for the spattered shrapnel

Ere ye learn how a gun is laid?

For the low, red glare to the southward

When the raided coast-towns burn?

(Light ye shall have on that lesson,

But little time to learn.)

The poet's thoughts ranged far into the future, beyond the days of the first Dreadnought, past the age of Beresford and Fisher, of Jellicoe and Beatty; he alone saw the flaming coast-towns of 1940.

In the Autumn of 1912 the examiners to the Conjoint Board decided that I might be permitted to practise Medicine, Surgery, Gynaecology and Obstetrics. I regret in many ways that I have never felt competent to avail myself of their kindness except in the matter of Surgery. But at that particular moment it was Surgery which called specially to me, for surgeons were wanted. A war had started in the Balkans and the Red Cross needed them for the ambulances which they were about to despatch to each of the belligerents in the Near East. Of course I was not one in any sense other than that I could now write M.R.C.S. (and also L.R.C.P.) after my name. But as that was all that seemed to be required I was appointed to one of the three ambulances which quickly departed for Constantinople.

Those were vital days, the full significance of them was not at all realised by the majority of people and, as it now seems to me, not even comprehended by those whose special business it was to understand such things. Yet Europe turned uneasily in her sleep, as though some evil spirit disturbed her peaceful slumber—but she quickly went to sleep once more.

Bulgaria, Greece, Serbia and tiny Montenegro declared war on Turkey, rotten and unready, corrupt and unstable within, and in a series of big battles, big even compared with some of more recent years, defeated her utterly,

tore from her the provinces of Macedonia and Thrace and advanced in triumph upon Constantinople. They advanced to within 25 miles of the capital and then they hesitated. The Turks counter-attacked and drove them back. The chance and the great prize which was within the finger tips of their outstretched fingers was lost. They got no further chance.

The chaos which reigned in the Turkish capital during those autumn days was terrible to see. The Red Cross ambulances arrived when it was at its worst. It seemed that at any moment the ruthless Bulgars and the triumphant Greeks who had for so many years writhed under Turkish rule would burst into the city and take a horrible vengeance for their wrongs. The fashionable centre of Pera seemed much as usual but the poorer parts of the city were crammed with many thousands of refugees.

Those days were full of portent. Fate was wearing a sardonic smile, a smile that did not soften but rather grew progressively more grim in the thirty years and more which have since passed by. And so it was that while great events were beginning to take shape I was privileged to get some insight into the trend of things to come.

All the great powers sent war ships to the Golden Horn to protect their nationals should the city fall. France sent two battleships so utterly obsolete that every Turkish school-boy laughed. Out of politeness to France, to whom was conceded superiority in the Mediterranean, England sent only the cruiser Hampshire (sunk with Lord Kitchener on board in 1916) and the second-class cruiser Weymouth. These two ships would not have made an impressive array at any time, particularly as the Weymouth's after mast had an unsightly bend in it, but as it was they and all the shipping lying in the Golden Horn were utterly dominated by the obvious strength and beauty of a German cruiser, the Goeben, the ship which, with the Breslau, was in 1915 to escape our ineffective clutches, and having passed the Dardanelles to help to bring Turkey into the war against us. Yes, everyone in Stambul could see that Britain's sea power was at last on the wane and that Germany was finally in the ascendant. Our naval mission to Turkey, an institution of many years' standing, was thrust into the background. The Turkish naval officers took their difficulties to officers of the Goeben for solution.

Our Red Cross Mission was well led by Lt.-Colonel Doughty-Wylie, a regular soldier (not a doctor), who knew the Turks. He always told us they did not ask military or even diplomatic support against the invaders. What they wanted was sympathy from Britain, but all they got

was what we of the Red Cross brought them. For England was not strong enough to call a halt to war. Mr. Asquith declared that "whatever the outcome of the fighting, the status quo will be maintained"; but no one paid the slightest heed to him. Nor did Germany show her hand. I think she was rather glad to see the Turks get a good licking, rightly judging that thus in due course they would more easily become dependent upon the Fatherland.

I will not discuss the Surgery which we undertook in these six months. It was of the usual type that is met with in war. It is not perhaps generally known that in our hospital in the Ecole des Beaux Arts beside the Golden Horn, Capt. Max Page, R.A.M.C., designed a method of suspending fractures of the lower extremity, and that the appliance is very properly still known as the Balkan Beam.

I returned to England in the Spring of 1913. Lord Roberts was appealing for universal service, Robert Blatchford's letters were appearing in the *Daily Mail* urging attention to the menace of Germany. But everyone was, of course, much too busy with things that really mattered to pay heed to a soldier who was, well, already an old man, or to the words of a contributor to a rather unstable daily paper.

In 1914, I being a lieutenant in the Honourable Artillery Company, mobilised automatically, though at that time I was a senior house surgeon at this hospital to Mr. d'Arcy Power, and I remained a gunner all the war. Of these eventful years I will tell one episode which occurred during the retreat of the British Armies in March, 1918.

Our Army Brigade (as artillery regiments were then called) was on the IIIrd Army front before Bapaume, and by the end of the second day of the battle two of the batteries had lost all their guns. Mine was more fortunate and was able to fight on. The infantry had already sustained severe casualties. By 8 p.m. on the evening of March 25th, though we did not know it, there was a gap of seven miles between my right hand gun and the next British troops to the south, and in front of the battery there were none of our troops but only Germans. However on that morning the news was good. The enemy, we were told, was no longer advancing, on the contrary after five days of retreat we ourselves were ordered to advance. Soon I was trotting forward with my trumpeter and some signallers towards the high ground in front which entirely shut out all distant view in that direction. Up the easy grass slopes we went towards the long level skyline, and about a hundred yards short of it we found our Artillery Brigade Commander and his small staff. It

was about 7 a.m. and I was just getting my instructions from my Colonel, when suddenly a gunner subaltern came running back towards us from the crest a hundred yards in front, and as he drew near he called out, "Do you know the Boche are just the other side of the hill?"

This really was a shock; orders to mount were heard all round, and very swiftly the officers and staffs were up and galloping down the slope back to their own batteries. The wide open valley behind was crammed with helpless transport of every possible kind, and it seemed certain that awful chaos would shortly result. But what was more important, if the enemy once gained the line of the hill he would be even more strongly placed than before the Battle of the Somme, for from it he would have the uninterrupted view for many miles to the north west which he never possessed in 1916, and all movements in that area would be under his eye.

The day was saved because alone of all of us who were there, my commanding officer, Lt.-Colonel Arthur Main, D.S.O., did the right thing. He called out to me to wait and then ran up to the crest, took a brief look, and then came running back again. Orders followed at once. I was to bring my battery into action and to open fire into the valley. These brief orders given, he hurried back to the crest, gathered together about twenty weary but willing infantrymen and told them to open up for all they were worth with their rifles on the advancing Germans. Meantime my battery and our two howitzers, all that was left of the 293rd Army Brigade, had begun to open a heavy fire, in which the other brigades soon joined, upon the Germans in the valley. This unexpected opposition caused them to pause, and having paused then to wait for fresh orders and for reinforcements. They never advanced another step for by the evening the New Zealanders had arrived in strength and the retreat on the Third Army front was over. Not without question to take other people's word, when by making an effort a man can learn for himself—is a good rule at all times. Good in surgery and good in war. And those who make reports—how careful they must be that they report only what they know in fact to be true.

A pause in the film picture and then a new reel begins . . . After the still darker hues of the spring months of 1918 the music now becomes less sombre and the colours brighter, until with a crash of triumphant marches and brilliant glories we witness November 11th, 1918. It is the end of the performance, the picture fades out, God Save the King . . . This surely is the end, the grand finale, the triumph of a just cause over evil.

The tumult and the shouting dies . . .
 The captains and the kings depart,
 Lord God of Hosts, be with us yet,
 Lest we forget.

We forgot last time, what are we going to do now?

Well, it is all over and so we ordinary people drift outside, glad to get a breath of fresh air. But no, something tells us that we mustn't go home yet. Oh no, for in fact this proves to be merely the interval, and we have seen only the supporting programme. And so again we take our seats, but to our disgust find that only a string of advertisements and the news items is showing.

A land fit for heroes to live in, says Mr. Lloyd George . . . Nations at Geneva . . . 1st League Results . . . and these are not quite what we were expecting . . . Haig lunches with the officers of his old regiment now holding the Rhine. "Gentlemen," he says, "your first duty is to prepare for the next war." They listen with the polite respect due to a great soldier, but amongst themselves not unnaturally they laugh . . . Unemployment in Britain . . . The Dominions and America, when not otherwise occupied, look upon these years in puzzled doubt . . . The Oxford Union declares:—"That this house will under no circumstances fight for King and Country" . . . Baldwin assures England that all is well, draws breath and declares, "Our frontier is on the Rhine" . . . Chamberlain says we shall have "Peace in our time." And as that is just what we wish to hear and we cheer him to the echo, particularly as he declares it is "Peace with Honour."

And now the house begins to fill, more swiftly the items flash upon the screen . . . the Spanish war . . . Badoglio uses gas against the Ethiopians . . . Munich . . . the Germans march into Czechoslovakia . . . Churchill declares that thereby we have lost the equivalent of 30 divisions, but the general feeling is that he is beginning to lose his grip on affairs.

All those who have booked seats in advance are now being ushered into them and those who have not done so crowd the gangways.

Now the feature film for which we have waited so anxiously to see, is about to begin:—"World Triumph."

Scenario by Mussolini.

Script by Goebbels.

Sound recording by Lord Haw-Haw.

Costumes by Goering.

Directed and produced by Hitler.

Great Britain declared war on Germany at mid-day on September 3rd, 1939. How did that event affect you? Did you feel disposed

to shout and cheer? No, we all felt the moment too grave, the risks too indeterminable, and the extent of human suffering that must result too immense for any outburst of jubilation. There was missing the display of enthusiasm when, after a pause which seemed at the time to indicate hesitation, we joined France in 1914. The task now before us was too grim, the outcome too uncertain, but at least it was clear that no home in Britain would be spared in the fearful toll exacted by modern war. Yet the declaration of war brought to many a thrill of profound excitement and exaltation, and it is well that we should recognise the fact.

When a partly "sozzled" man barges into you and replies to your remonstrance with insolence, wrath rises within you, your fists clench, the instinct is to "sock him one." But you suppress these instincts, which except for those of love, are the most powerful which affect mankind. It may be, of course, that you think he looks rather more than your weight, that may influence you, but far more governing is the knowledge that for your class street brawling is not in the code. Not only that, but you know you would be breaking the law and, right or wrong as your cause might be, there would be a good chance of an evening in Bow Street. The declaration of war causes a profound disturbance in the heart of every man who may be called to serve in it. The glorious knowledge that it will put him into some team of which every member will be in training, where toughness and endurance will rank with fighting proficiency and courage. He wonders about his ability to face the risks that must befall; he has hope of the life-long prizes that each may win who knows his task has been well done. This will be the supreme test of each one's individuality, the greatest of all adventures.

And nations move towards and into war in the same manner. The aggressor building up his aggressiveness by every calculated device. The nation who is to be attacked seeking desperately to escape until finally driven into a position in which it must either fight or perish. When once international affairs have been allowed to reach that pitch of fury then there can be no escape from war, unless, just in time, a some all-powerful policeman walks out of the darkness.

In 1939 after a short spell in the Emergency Medical Service I managed to get into the Army once more and in November had charge of a surgical division in a General Hospital at Dieppe. And here I once more watched a great retreat. On May 10th, 1940, the Germans,

having disposed of the forces opposed to them in Belgium, turned south. Dieppe was bombed on several occasions but the hospitals were spared. Soon refugees in thousands began to pour through the town and in the days that followed they streamed along the roads to Rouen and thence by the main highways leading south from that city. These people pursued their way in a most orderly fashion. No panic, no demanding of a place in a passing car, only a calmness which I wonder if our own people could equal. The children appeared to enjoy it; the most pathetic figures were the grandmothers seated on the tops of the high farm carts, staring fixedly ahead; behind was left all they counted precious. The tragic spectacle of a people struck dumb and powerless by the greatest defeat which their country had ever sustained! The news got worse and worse as the days passed by, and before we embarked at San Malo on June 16th, 1940, we saw disaster grow until no hope of swift repair remained.

I spent a month in England and in July, 1940, I went to Egypt, and from that time my work was chiefly amongst general hospitals and in places of relative comfort.

There was one brief interlude when, for two days, I was once more in the line of battle, and whilst I was there saw another retreat begin to take shape, the fourth of which I have been a witness.

On June 3rd, 1942, I was sent from Cairo to Tobruk. Every moment of the time I spent there was deeply interesting. I will not attempt to describe the events which led to the loss of Tobruk but anyone could see that, though the troops were in fine form and fighting with great skill, the battle, which had now gone on without a break for fourteen days, was turning against us. By then we had already lost far more heavily in tanks than the enemy and had been forced to yield a good deal of ground.

In the many months during which the battle swayed to and fro around Tobruk none lived under more strain or showed more endurance than the nursing sisters of No. 62 General Hospital, which was unfortunately situated a quarter of a mile from the harbour. The enemy did not wish to bomb it, indeed I feel sure they tried to avoid it, but it could not entirely escape.

Troops engaged against the enemy in the field inevitably face much greater hazards. But they are men, soldiers put there that they may impose still greater hazards upon the enemy. On one day the battle goes against them, on another it is they who have the upper hand, what they have received they now return in full measure. But life for those nursing sisters held

no such respite, nothing less than complete and final victory in Tunisia could ensure their safety, and that victory was still far distant.

So long as daylight lasts hard work has to be done by doctors and sisters and nursing orderlies. In the morning the convoys arrive. All must receive attention, be cleaned, clothed and fed, and many are too ill or too weary to be able to do much for themselves. The receiving room, the passages leading from it to the operating theatres, to the X-ray department and to the wards are filled with stretchers. Blood and sweat and toil.

And when the morning's work is done no chance of an afternoon off for the sisters. No hope of a visit to the shops, a restful hour whilst the coiffeuse works her mysteries, or tea and a talk with some dear friend. Far from it; the best is a walk through shattered streets out into a countryside strewn with dispersed or smashed up lorries. Is there to be an evening off, the cinema, or dinner and a dance? Tobruk spends its night in a different fashion. The sun sets, the moon rises in a flawless setting of tropic sky and sea. A hard day's work is over, just such another lies ahead and a good night's sleep will give a weary hospital staff the strength to face it in good heart.

But a distant droning cadence can be heard and steadily it grows. Bombers are approaching Tobruk. Those not on duty must drag themselves from their beds, no time to tidy up, just time to get below ground, not into well-proofed dug-outs, for only shelter trenches are available. And the night staff, they must stay at their posts and try to show a calm which they cannot feel. It was like this a few nights ago, it will happen again a few nights hence. The luck has held so far, how much longer can it hold? Brave women, these.

In August, 1942, I was transferred to the East African Command as Consulting Surgeon and there, though my duty took me far and wide by land and sea and air, and though it taught me much, and has left me with many things worthy of long remembrance, I saw very little more fighting, for the Empire's first successful campaign in this war had been completed. Platt and Cunningham had destroyed Italy's power in East Africa.

There is no more that I would tell you about the three wars in which I have served, except to say that *three wars are enough*. Am I not justified in saying so? Have I not seen enough of suffering and courage, of glory and disaster? And what do you say? You, young men who have endured the worst of all wars; no, not that, for what if we had been defeated! You have

seen London in flames, the Hospital packed with air raid casualties, you have heard the whine of bombs through the roar of "ack-ack" fire, the sinister trail of the "buzz bombs," the crash of the rocket and after-following heralds of its approach. You have had to care for the victims while the battle still raged, and then after a night of storm to rise in good heart, thread your way through ruined buildings, and resume in concentration the studies which make you into doctors. Some of you have been eye-witnesses of the hideous German cruelties of Belsen. Oh, yes, you all know what war is, and if you have not seen the glory of an armoured formation advancing to attack, your picture is as true though coloured in more sombre hues.

And what are you going to do about it? This is no mere rhetorical question, it is vital. For you, the youth of England, must play a large part in finding the answer. What are you going to do? Pray? Yes, that may be well, yet even the most devout person cannot believe that prayer alone will suffice. Of course I do not know the answer, who does? Yet I will venture in all humility to offer some suggestions. First make England strong. Our attitude in the Balkan war was read by the world, and particularly by those in Germany who were already plotting for world power, to mean that our prime object was to keep well out of trouble. The passive part which we then played seemed to assure them that in 1914 we should not risk even sitting on the fence but would certainly keep well behind it. The Germans are the most stupid race in the world and the years 1914-1918 taught them nothing except to improve their tactics and to broaden considerably their strategy. They still believed that they could take on the world, for England was the main enemy and in England "Safety First" was not merely a slogan to keep death off the roads, it was something rooted deeply in the national life of the country. It was England's vital moral code. She would play for safety always, risking nothing, hoping only to hold what she had got.

Make England strong. Do not allow yourselves or the manhood of our country to become

soft. Demand that national service shall be a duty gladly given.

Those of us who watched the years that followed 1918 can bear witness that one result of the end of "the war to end wars" was a real tendency to national softening. Germany saw it, but being profoundly lacking in understanding she over-estimated it.

Of course, this alone is not enough. Personal quarrels, and wars, too, begin and develop chiefly because one does not understand the outlook of the other fellow. Get to know him better and you may find that his aims are as well justified as your own. Understand him and you may realise that any sign of willingness to make concessions will only be construed as weakness, that to bring him to reason his bluff must be called and his intention to bully be stopped before he has overstepped himself.

Broaden your acquaintanceship. Have your loyalties but find out for yourselves that there are other quite decent hospitals besides Bart.'s, that other countries have their own loyalties, different from ours but just as real. Travel far and wide when the chance to travel is again given back to us. Get on a steamer, doctors can always do that, and go to the ends of the world. Save up your money to pay for a seat in a plane and take your holidays in other countries, meet the people, and, avoiding the places where English tourists gather, learn something of their languages, live with their families, dance with their daughters—but find your wife in your own land. Remember that doctors can do a lot to promote international contacts in these days. To-day, medicine in Europe looks more to this island than ever since history began to dawn. Welcome foreign visitors to our shores, take pains with them, let them meet you not only in the hospital but in your homes.

It is little enough that each one of us can do but it is something. We have been far too insular in the past. Let us guard the English Channel as our fathers learnt they must do, let us also command the skies over it, but let our thoughts and our knowledge range far beyond it and let all the world be our welcomed guests, and departing take with them some knowledge of what England is and for what she truly stands.

THE JOURNAL

Contributions for the May issue should reach this Office on or before April 16th.

A PAPAL ADDRESS

Early last year a medical conference of Allied Service Medical Specialists was held in Rome, which I attended as a guest. The members of the conference were received by Pope Pius XII, who addressed us. His words, in faultless English, made a deep impression on us all and are reproduced here because they

may interest readers. They are particularly apposite at the present time: advances in science are so engrossing and life is being so "planned" that there is grave danger of the individual being forgotten. As His Holiness says, "It is after all the man who is to be treated."

E. R. CULLINAN.

THE ADDRESS

Your presence, gentlemen, brings vividly before our minds a parable told almost 2,000 years ago by Christ, the divine physician, when He walked so graciously among men. It is the story of the Good Samaritan, and with striking fitness it has been preserved for posterity in the gospel written by St. Luke, who was himself a doctor. The scene depicted is familiar to you all. A lonely road; a wounded man, helpless and bleeding lying on the roadside evidently a victim of robbers who have stripped him after a rough and violent struggle; the Good Samaritan hurrying home sees him; he turns from his way, dismounts, goes to the suffering stranger, with sympathy examines his wounds, gently applies oil and wine to clean and heal him, lifts him to his horse and carries him to the nearest inn, where he gives orders for his special care. Nothing is to be spared for his complete cure.

The setting may be different from the circumstances that are common in your experience; but the spirit of prompt and unselfish devotion, of lofty principle inspiring sacrifice of self in the interest of another, of tenderness and love—that is the same spirit that has characterized your profession at all periods of human history. Alas for mankind, were it not so.

For the doctor is not handling inert matter, however priceless. Suffering in his hands is a human creature, a man like himself. Like himself that patient has a post of duty in some family where loving hearts are anxiously awaiting him; he has a mission to fulfil, even though humble, in human society. What is more, that ailing, crippled, pining form has a rendezvous with eternity; and when breath leaves his body, he will there begin an immortal life whose joy or misery will reflect the success or failure before God of his earthly mission. Precious creature of God's love and omnipotence!

Spirit and dust compounded to form an image of the Infinite, living in time and space, yet headed towards a goal that lies beyond both; part of the created universe, yet destined to share the glory and joy of the Creator, that man who places himself in the care of a doctor

is something more than nerves and tissues, blood and organs. And though a doctor is called in directly to heal the body, he must often give advice, make decisions, formulate principles that affect the spirit of man and his eternal destiny. It is after all the man who is to be treated: a man made up of soul and body, who has temporal interests but also eternal; and as his temporal interests and responsibility to family and society may not be sacrificed to fitful fancies or desperate desires of passion, so his eternal interests and responsibility to God may never be subordinated to any temporal advantage.

Hence, as we said recently when speaking to the doctors belonging to the Italian Union of St. Luke, hence flows a whole series of principles and practical rules which regulate the use and the right to dispose of the organs and members of the body, and which are mandatory both for the person concerned and the doctor whose advice has been asked. For man is not really the absolute owner and master of his body, but only has the use of it; and God cannot permit him to use it in a manner contrary to the intrinsic and natural purpose which He has assigned as the function of its diverse parts.

It is clear, then, as we observed on the same occasion, how the medical profession places its representatives squarely within the orbit of the moral order, to be governed in their activity by its laws. Whether it be a question of teaching or giving advice or prescribing a cure or applying a remedy, the doctor may not step outside the frontier of the morality dissociating himself from the fundamental principles of ethics and religion. His vocation is noble, sublime; his responsibility to society is grave; but God will not fail to bless him for his charity and for his unstinting, devoted efforts to alleviate the sufferings of his fellow-man on earth, so however that he may not fall short of the incomparable joys of heaven. It is our most earnest prayer that this blessing may be granted to you all abundantly from the loving bounty of God.

OBITUARY

ROBERT KLABER

Robert Klaber, who died quite suddenly on March 2nd at the age of 45, was a distinguished physician and a loveable, bighearted man.

From early on as a student it was clear to those of us who knew him that he would grace the profession, and so it turned out—he became one of the ablest dermatologists of his years.

After leaving Tonbridge, Klaber was at Bart's, where he won the Burrows and Skynner prizes and was proxime accessit in the Brackenbury medical scholarship. He qualified in 1923 and went to Oxford as house physician and house surgeon at the Radcliffe Infirmary. He took the diploma in Public Health and the diploma in tropical medicine and hygiene, and got his membership and London M.D. Soon becoming interested in dermatology he returned to Bart's, to the Skin and Pathology department in 1928, after a period of study in Vienna. During the war he was the consulting dermatologist to Sector 2 in the E.M.S., and built up a fine department centred at Haymead's Hospital. Among his other appointments he was Physician in charge of the skin department of the Prince of Wales Hospital, Tottenham. In 1941 he was made a fellow of the Royal College of

Physicians. His wide grasp of general medicine helped to make him the distinguished dermatologist that he was.

Robert had abounding energy and enthusiasm. He said "Yes" to life, and loved it all—its quality, its colour, and its bouquet. For everything he did—whether it was rambling in the high Pyrenees, sipping vintage claret at Bordeaux, ski-ing in the Arlberg, trying to ski in Sussex, rowing a boat, camping by the Thames, riding on Dartmoor, or choosing a fine Persian carpet—he had the same zest, gaiety and love of perfection. What fun some of those holidays were and what a grand companion Robert was. His spirit of enquiry was sometimes disingenuous, but he was seldom nonplussed, even when he called on a "femme sage" in Paris to have his fortune told.

Kindness, thoughtfulness for others, generosity, and forbearance were among his other qualities.

He leaves a wife and two small children to whom he was devoted. To them we offer our deepest sympathies.

Dermatology has lost a physician: we have lost a friend.

A SOUTH WALES BART'S SOCIETY

At a meeting of the Cardiff Division of the B.M.A. on January 23rd, Mr. Geoffrey Keynes gave an address on "The Surgical Treatment of Myasthenia Gravis," with a description, illustrated by slides demonstrating the technique of 57 cases of successful removal of the Thymus Gland.

Following the meeting, Mr. Geoffrey Keynes was entertained to dinner by the chairman, Dr. Morgan Williams, supported by the local Bart's practitioners, including among others, Dr. Ivor J. Davies, F.R.C.P., Mr. A. L. d'Abreu, F.R.C.S., Mr. Melbourne Thomas, F.R.C.S.E., Dr. C. M. Fletcher, Dr. Emrys Harries, Dr. S. R. Rees, Dr. J. P. H. Davies, Dr. P. D. Richards,

Dr. R. Walker, Dr. Mervyn Jones, Dr. Dillwyn Thomas, and Dr. E. H. Spickett.

On the suggestion of Mr. Melbourne Thomas it was decided to form a South Wales Bart's Society, and that a member of the staff of St. Bartholomew's should be invited to give an annual address, and that the Annual Dinner be held on the same day. The following office holders were elected: President—Dr. Robert Walker; Vice-President—Dr. Ivor J. Davies; Secretary—Dr. Emrys Harries, Medical Superintendent, City Isolation Hospital, Cardiff.

The Secretary would be glad if all Bart's men in the area would make contact with him.

ST. BARTHOLOMEW'S HOSPITAL CHRISTIAN UNION

60th ANNIVERSARY MAY 6th—10th, 1946

Four meetings will be held during Commemoration Week in the Library at 5.30 p.m. Speakers will include Leith Samuel, Esq.,

B.A., members of the Staff and Medical College, and others.

Details will be announced later.

STUDENTS' UNION

THE ANNUAL GENERAL MEETING

The Annual General Meeting of the Students' Union was held in the Abernethian Room at Bart.'s on March 13th. The following appointments for 1946-47 were announced:—

President of the Students' Union: Mr. Rupert Corbett.

Treasurers: Professor A. Wormall, Mr. F. C. W. Capps, Mr. J. B. Hume.

Senior Secretary: Mr. M. Whiteley.

The results of the recent elections for the Students' Union Council were announced as follows:—

Constituency A. Clinical Students:

1st year: D. J. R. Morgan,
B. B. Reiss.

2nd year: D. K. Tucker,
E. R. Griffiths.

3rd year: J. H. S. Buchanan.

Constituency B. Preclinical Students:

G. W. Marsh.

J. J. Burn,

W. H. Bexon.

Constituency C. Junior Staff:

Dr. J. North (Senior Resident).

There was a meeting of the Students' Union Council on March 20th. W. H. G. Leslie was elected Financial Secretary, and D. J. R. Morgan was elected Junior Secretary for the coming year. D. H. Richards was co-opted as a second representative of the 3rd year on the Council.

For your future reference there are two items of particular interest. The Boat Club is now in the process of purchasing an eight. It is believed that this is the first time that Bart.'s have had their own eight and the Club is deserving of our good wishes.

A "Suggestion Book" will shortly be placed in the Abernethian Room. This is primarily for the use of students who wish to present to the Students' Union Council any matter concerning the affairs of the students which merits attention. As the author of the plan has stated, this book should prove both useful and good reading.

M. M. W.

BART'S ALPINE CLUB

The objects of the Bart.'s Alpine Club are to promote interest in mountaineering, skiing and fell-walking. Membership is open to past and present students and to members of the staff. Quarterly meetings were held before the war and usually took the form of a dinner, followed by a talk given by a member or guest. Meets were also held in Wales at Easter and at week-ends.

During the war no meetings were held and access to the hills has been difficult or impossible. The Club now intends to resume all its activities with the help of new members. It is hoped that lack of practical experience will not

stop anyone from joining who is interested. The subscription is half-a-crown a year.

The first meeting will be held on Thursday, May 9th, at Diviani's Restaurant, Newgate Street, at 7 p.m. After dinner a talk on "Climbing in the Dolomites" will be given by Dr. James Joyce and will be illustrated by slides. The price of the dinner will be 5/- a head.

Will all those who intend coming to the dinner or who would like further information about the Club please communicate with the Secretary, Dr. John Gask.

ANNOUNCEMENTS

DEATH

It is with very great regret that we announce the death, on February 23rd, at St. Bartholomew's Hospital, of Dr. JOHN BARRIS, consulting physician-gynaecologist to the Hospital. An obituary will appear in the May issue of the JOURNAL.

BIRTH

FISK—On February 26th, at the Brunswick Nursing Home, Cambridge, to Dr. Susan Airey, wife of Mr. Geoffrey Fisk, M.B., F.R.C.S.Ed., a son.

CHANGES OF ADDRESS

C. NAUNTON MORGAN—To 149, Harley Street, London, W.1. Phone Welbeck 4444.

Dr. and Mrs. E. L. TAYLOR—To St. Mabena, Trethvey, Tintagel, Cornwall. Tel.: Tintagel 70.

SPACKMANN—Colonel W. Spackmann, F.R.C.S., F.R.C.O.G., K.H.S., is now working for the Health Division of U.N.R.R.A., in Italy.
Col. Spackmann, U.N.R.R.A. Italian Mission, Florence.

SPORTS

ATHLETICS

The first post-war Inter-Hospitals Cross Country Championship for the Kent-Hughes Cup was held at Roehampton on Saturday, March 9th.

Dr. H. B. C. Sandiford, treasurer of the United Hospitals Hare and Hounds Club, officiated, acting as starter and judge.

The course was $5\frac{1}{2}$ miles in length, and was completed in 31 mins. 20 secs. by W. J. L. Sladen of Middlesex (English Universities Captain). The usual course was changed in order to give the spectators a chance of seeing more of the race than before.

All the Bart.'s team set out for a "flying start" and succeeded in what they had set out to do: Mathews (Bart.'s) kept close up to Sladen for the first two miles of the race over some very difficult and "sticky" ground, then Burn of Bart.'s, running very well indeed, came up to the front and kept the fast pace going, whilst Mathews dropped back a little for a well-deserved rest. After satisfactory positions had been gained, Bart.'s held on to them for the remainder of the course, enabling the team to defeat Middlesex by 26 points to 29 (lowest number of points scoring). A great part of the credit for the Bart.'s success goes to the tail end of the team, the two runners there being Stanley-Smith and Rosser; Steinhall Almond and Whiting also gave very valuable support to the team.

The majority of the runners had come down from Bart.'s in Cambridge; so after having visited the

"White Hart" and having drunk out of the cup in the traditional manner, midst communal singing, they left on their return journey with the cup.

It remains only to be said that it was undeniably the true team spirit which accounted for the team's success.

Results: Sladen (Middx.), Burn (Bart.'s), Glanvill (Bart.'s), Dansie (Middx.), Gilchrist (Middx.), Mathews (Bart.'s), Rosser (Bart.'s), Stanley-Smith (Bart.'s), Mellings and Webber (both of Middx.).

The London University Inter-Collegiate Cross-Country Championships took place on Saturday, March 16th, at Roehampton, on the $4\frac{1}{2}$ miles course. Unfortunately, on the same day the Cambridge Runners had Anatomy terminals; if this had not been the case Bart.'s would certainly have had a good "tussle" with the winners, namely, King's College, for the cup.

Glanvill represented Bart.'s in the United Hospitals team. University of London beat United Hospitals by 37 points to 49.

For the athletic season, the Bart.'s team have had offers for matches against King's College, Middlesex Hospital, and the Southgate Harriers. It is hoped that the team will have enthusiastic support in these matches, and that anyone who can run or throw, however bad an athlete he may think he is, will give us his support.

BOOK REVIEW

ILLUSTRATIONS OF REGIONAL ANATOMY. By E. B. Jamieson. Sixth Edition. E. and S. Livingstone Ltd. Plates 320. Price 75s. complete.

The sixth edition has recently been published.

There can be few medical students who are not already familiar with this collection of anatomical drawings, obtainable either as a single bound volume or as seven parts sold singly.

The drawings, most of which have been prepared from actual specimens, are clear, accurate, highly coloured and reproduced on fine art paper, making the book a thing of great beauty and a joy to its owner. The direct system of labelling, together with an index (added in the sixth edition) facilitates easy reference.

This work, the first edition of which appeared in 1934, has come to be regarded by many as an essential adjunct to any ordinary textbook of anatomy. I have even heard it criticised on the score that it has become too useful and that its possessor will be disinclined to seek his information in the dissecting room, giving the attractive alternative of settling down in an armchair with a book of pictures. The book is not, and was never intended to be, a substitute for the body, but used intelligently it can make the study of the latter much more profitable. For instance, a careful perusal of the relevant drawings will provide a preliminary knowledge of the part to be dissected. A great asset, for in anatomy as in all things, one only sees that for which one looks.

Clinical students and practitioners who do not

always have ready access to the dissecting room will find the book especially useful. How easily one forgets one's anatomy. How quickly it can be revised with the aid of these drawings, always at hand to fortify the all too quickly fading mental picture of the body.

In my opinion, the separate parts are preferable to the single volume, attractive though the latter appears, in its blue and gold binding. The separate parts contain loose leaf sheets which may be removed at will or arranged in any desired order or disorder—usually the latter. The drawings are printed on one side of the paper only so that several sheets may be exposed at the same time, thus enabling one to study the form and relations of any given structure from several different aspects. In this way one is able to build up the composite, three-dimensional picture, so essential for the understanding of anatomy.

The sixth edition does not differ in any major way from its predecessors. New features include the addition of an index; the addition of a new plate showing cross sections of the mid brain; the replacement of the diagram of the side wall of the female pelvis by a coloured drawing of the same; a new system of numbering the plates, and various minor alterations and corrections.

The prices of the individual parts are as follows:—Part I., Central Nervous System, 12s.; II., Head and Neck, 15s.; III., Abdomen, 10s.; IV., Pelvis, 8s. 6d.; V., Thorax, 7s. 6d.; VI., Upper Limb, 10s.; VII., Lower Limb, 12s.

